



Arizona Immunization Program Office  
 Vaccine Center  
 Vaccines For Children (VFC) Program  
 Voice: (602) 364-3642 FAX: (602) 364-3276

**Influenza Order**  
**Fax to 602-364-3276**

## 2011 – 2012 Influenza Vaccine Order/Reporting Form

<b>Practice/Provider Name:</b>	<b>Phone &amp; Area code:</b>	<b>Date submitted:</b>	<b>PIN</b>
<b>Name of person submitting form:</b>	<b>Fax &amp; Area code:</b>	<b>Date logs begin:</b>	<b>Date logs end:</b>

Influenza age groups	Doses Administered	Doses on Hand	Manufacturer/Choice	Doses Requested
Ages 6 months through 35 months 0.25 mL prefilled syringes			Sanofi Pasteur – Fluzone      NDC# 49281-0011-25	
Ages 3 years through 18 years 0.5 mL Single dose vials			Sanofi Pasteur - Fluzone      NDC#49281-0011-10	
Ages 3 years through 18 years 0.5 mL prefilled syringes			Sanofi Pasteur - Fluzone      NDC#49281-0011-50	
			GSK – Fluarix      NDC#58160-0878-52	
Ages 6 months through 18 years 5.0 mL Multi-dose vials			Sanofi Pasteur - Fluzone      NDC#49281-0388-15	
Ages 2 years through 18 years Intra-nasal sprayers-LAIV			MedImmune - FluMist      NDC#66019-0109-10	

VFC will honor your **choice** based on vaccine availability.

Fax this **completed** form with your current temperature log and VFC Eligibility & KidsCare Reporting form to VFC at 602-364-3276.

You must record your doses administered under the correct presentation.

Your order will be delayed if this form is not filled out completely and correctly.